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ATES ANGE COMMISSION .C. 20549 932110

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

SE	C USE O	NLY
Prefix	:	Serial
DA	TE RECE	IVED
1		

UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Issuance of Common Stock to Various Holders of Series B Redeemable Preferred Stock	· · · · · · · · · · · · · · · · · · ·
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	_
Kitty Hawk, Inc.	
Address of Executive Offices (No. and Street, City, State, Zip Code) Telephone Number (972)456-2200 Telephone Number (972)456-2200	(Including Area Code)
Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (Including A	rea Code)
(if different from Executive Offices)	ODOCESSE
Brief Description of Business	THOOLOGE
Air and ground freight transportation	0.4 con
Type of Business Organization	MAY U 1 ZUU/
	pecify):
business trust	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization:  Month Year  1 0 9 4 🔀 Actual Organization	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE	
CN for Canada; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

	A. BASIC IDENTIFI	CATION DATA		
2. Enter the information requested for the	e following:			
<ul> <li>Each promoter of the issuer, if the iss</li> <li>Each beneficial owner having the posecurities of the issuer;</li> </ul>			of, 10% or more	e of a class of equity
<ul> <li>Each executive officer and director of and</li> </ul>	of corporate issuers and of c	corporate general and mana	iging partners of	partnership issuers;
<ul> <li>Each general and managing partner or</li> </ul>	f partnership issuers.			<u> </u>
Check Box(es) that Apply:☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) Zoller, Robert W. Jr.				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In	and Street, City, State, Zip Contendational Airport, TX 75261	ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) Markhoff, Steven E.				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In	and Street, City, State, Zip Contemational Airport, TX 75261	ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Kupferschmid, James				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In		ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) lensen, Gary				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In		ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Barron, Robert				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In	and Street, City, State, Zip Conternational Airport, TX 75261	ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Gitner, Gerald				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In		ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☑General and/or Managing Partner
Full Name (Last name first, if individual) Greer, Raymond				

Business or Residence Address (Number and Street, City, State, Zip Code) 1515 W. 20th Street, P.O. Box 612787, DFW International Airport, TX 75261

# A. BASIC IDENTIFICATION DATA (CONTINUED)

2. Enter the information requested for the following:

• Each promoter of the issuer, if the issu			5.400/	
<ul> <li>Each beneficial owner having the pow securities of the issuer;</li> </ul>	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more	of a class of equity
• Each executive officer and director o	f corporate issuers and of	corporate general and mana	aging partners of	partnership issuers;
<ul> <li>and</li> <li>Each general and managing partner of</li> </ul>	nartnershin issuers			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Kaplan, Myron				
Business or Residence Address (Number a 1515 W. 20th Street, P.O. Box 612787, DFW In	nd Street, City, State, Zip C ternational Airport, TX 75261	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Keating, Melvin				
Business or Residence Address (Number a 1515 W. 20 <sup>th</sup> Street, P.O. Box 612787, DFW In	nd Street, City, State, Zip C ternational Airport, TX 75261	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) Ruffolo, Joseph	·			
Business or Residence Address (Number a 1515 W. 20th Street, P.O. Box 612787, DFW In				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) Shahon, Laurie				¥ v
Business or Residence Address (Number a 1515 W. 20th Street, P.O. Box 612787, DFW In	nd Street, City, State, Zip C ternational Airport, TX 75261	Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Miller, Lloyd I. III				
Business or Residence Address (Number a 4550 Gordon Drive, Naples, FL 34102	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Riley, Bryant				
Business or Residence Address (Number a 11100 Santa Monica Blvd., Suite 800, Los Ang		Code)		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, if individual) Solit, Paul J.				
Business or Residence Address (Number a 825 Third Avenue, 33rd Floor, New York,		Code)		

						В.	INFO	RMA'	ΓΙΟΝ	ABOL	T OF	FERI	NG			
1. E	las th	e issue	r sold o				ıd to se	ll, to no	on-accr	edited i	nvestor	s in thi	s offering?	Y	es ]	No ⊠
2. V	Vhat :	is the r	ninimu	m inves	stment t	hat will	l be acc	epted f	rom an	y indivi	dual?			\$	4,14	1.20
3. Does the offering permit joint ownership of a single unit:									es	No ⊠						
o c p tl p	onne onne ersor he na	directly ction v i or ag ime of	v, any vith sal ent of a the br	commi les of s a broke oker or	ission ecuritie r or dea dealer	or simes in the aler reg	ilar rente offer istered that	munera ing. I with tl an five	tion for f a perm ne SEC (5) pe	or solic son to and/or rsons to	itation be liste with a o be list	of pued is an state of state	ven, directi irchasers in associate or states, li e associate er or deale	in ed st ed	_	
Full N	Vame	(Last	name fi	rst, if ir	ndividu	al)										
Busin	ess o	r Resid	lence A	ddress	(Numb	er and s	Street, (	City, St	ate, Zir	Code)						·
Name	of A	ssocia	ted Bro	ker or I	)ealer											
						icited or I States										All States
-						[CO]	•									
[	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	Vame	(Last 1	name fi	rst, if ir	ndividu	al)										·
Busin	ess o	r Resid	lence A	ddress	(Numb	er and S	Street, (	City, St	ate, Zip	Code)						
Name	of A	ssocia	ted Bro	ker or I	Dealer			- "								
						cited or										
						[CO]	•									an States
	IL]	[IN]	[IA]		-	[LA]										
_	MT]	[NE]				[NM]					-	-	= "			
-	-					[UT]			_							
Full N				rst, if ir												
Busin	ess o	r Resid	lence A	ddress	(Numb	er and S	Street, (	City, St	ate, Zip	Code)						
Name	of A	ssocia	ted Bro	ker or I	Dealer	-		· · · · · ·								
						cited or										
																🗆 All States
_	ALJ IL]	[AK]	[AZ]			[CO]										
-	MT]					[NM]										
_	-								[WA]							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Ag	gregate	Am	ount Already
		Offer	ing Price		Sold
	Debt	\$	0	\$	0
	Equity	\$318,	891.95	\$ <u>31</u>	8,891.95
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$318.	891.95	\$31	8,891.95
	Answer also in Appendix, Column 3, if filing under ULOE	-	_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."				
		N	umber		Aggregate
		Inv	vestors		llar Amount
					f Purchases
	Accredited Investors				<u>8,891.95</u>
	Non-accredited Investors		0	\$	
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		ype of	Do	llar Amount
		Se	curity		Sold
	Rule 505		N/A	\$	N/A
	Regulation A		<u>N/A</u>	\$	N/A
	Rule 504		N/A	<b>\$</b>	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an experis not known, furnish an estimate and check the box to the left of the estimate.	e issuer.			
	Transfer Agent's Fees		. 🗆	\$	. 0
	Printing and Engraving Costs			\$	0
	Legal Fees		. 🗵	\$	3,000.00
	Accounting Fees		. 🗆	\$	0
	Engineering Fees		. 🗆	\$	0
	Sales Commissions (specify finder's fees separately)			\$	0
	Other Expenses (identify)		. 🗆	\$	0
	Total		. 🗵	\$	3,000.00

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENSES AND US	SE OF F	PROCE	EDS
	Question 1 and total expenses furnish	ggregate offering price given in respon ed in response to Part C-Question 4.a. issuer."	This difference			\$ <u>315,891.95</u>
5.	an estimate and check the box to the l	nsted gross proceeds to the issuer used on. If the amount for any purpose is no eft of the estimate. The total of the payers to the issuer set forth in response to be the issuer set forth in response to be the issuer set forth.	ot known, furnish yments listed			
				Offi Direct	ents to cers, fors, & liates	Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and i	nstallation of machinery and equipmen	ıt	\$		\$
	Construction or leasing of plant	buildings and facilities		\$		\$
	offering that may be used in exc	(including the value of securities invol hange for the assets or securities of an	other issuer	\$		\$
	· ·					\$
						\$ <u>315,891.95</u>
	<u> </u>	•••••				\$ <u>515,671.75</u>
						\$ \$
		totals added)				
	Total Fayments Listed (column	iotais added)	***************************************		⊠\$ <u>315,</u> 3	<u> </u>
		D. FEDERAL SIGNATU	RE		• •	
he vrit	issuer has duly caused this notice to b following signature constitutes an und ten request of its staff, the information 502.	ertaking by the issuer to furnish to th	ne U.S. Securities	and Excl	hange C	ommission, upor
Iss	uer (Print or Type)	Signature	Date			
Kit	ty Hawk, Inc.		April //	, 2007		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				,
Ro	bert W. Zoller, Jr.	President and Chief Executive Offic	cer			
	·	•				<del>.</del>
		ATTENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

		E. STATE SIGNATURE	,		_
1.	Is any party described in 17 CFR 230.2 of such rule?			Yes □	No ⊠
	See Appendi	x, Column 5, for state response.			
2.	The undersigned issuer hereby underta on Form D (17 CFR 239.500) at such to		or of any state in which thi	is notice is fi	led, a notice
3.	The undersigned issuer hereby undertathe issuer to offerees.	kes to furnish to the state administrate	ors, upon written request, i	nformation f	urnished by
4.	The undersigned issuer represents that Uniform Limited Offering Exemption the availability of this exemption has the	(ULOE) of the state in which this noti-	ce is filed and understands	that the issu	
	e issuer has read this notification and kn undersigned duly authorized person.	nows the contents to be true and has du	lly caused this notice to be	signed on it	s behalf by
Iss	uer (Print or Type)	Signature	Date		
Kit	ty Hawk, Inc.		April <u>//</u> , 2007		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Ro	bert W. Zoller, Jr.	President and Chief Executive Offic	eer		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

,		2	3		5						
	non-acc invest St (Par	o sell to credited tors in ate rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of inve	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount				
AL				_							
AK											
AZ											
AR					<u></u>						
CA		No.	Common Stock \$55,219.40	2	\$55,219.40	0	\$0	No.			
со											
СТ					<del></del>						
DE											
DC	<u> </u>	<u> </u>						<u> </u>			
FL		No.	Common Stock \$138,049.35	2	\$138,049.35	0	\$0	No.			
GA		<u> </u>									
HI		<u> </u>				<u> </u>					
ID	-	<u> </u>				<del>                                     </del>					
IL			<u> </u>			<u> </u>	<u> </u>				
IN	<u>.</u>	<u> </u>				<u> </u>					
IA KS		<del>  -</del> -	<u> </u>	<u> </u>		<del> </del>					
KY	<u> </u>	<del> </del>	<del> </del>	<del>                                     </del>		<del> </del>					
LA		-									
ME					-						
MD											
MA	_	7				<u> </u>					

### **APPENDIX**

1		2	3		4		<u> </u>	5			
1	Intend to non-actinves St (Pa:		Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of inve	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount				
MI	_										
MN											
MS											
МО			•		<del></del>						
МТ											
NE											
NV											
NH											
NJ											
NM											
NY		No.	Common Stock \$110,438.80	3	\$110,438.80	0	\$0	No.			
NC											
ND											
ОН		No.	Common Stock \$15,184.40	3	\$15,184.40	0	\$0	No.			
ок											
OR			-								
PA											
RI											
sc											
SD											
TN											
TX											
UT											

### **APPENDIX**

г								<del></del>	
1	2 3				4			5	
	(Part B- (Part C- Item 1)			n-accredited and aggregate offering price offered in state (Part B- (Part C- Type of investor and amount purchased in State					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount		
VT									
VA									
WA									
wv			,						
wı									
WY		_	-						
PR									

END